

EDR 13

**MINISTRY OF EDUCATION
APPLICATION FOR: PROFESSIONAL DEVELOPMENT LEAVE
ED. RULE 82 (2), S.I. 87 OF 2012**

Application form must be completed in TRIPLICATE and forwarded to the Managing Authority, through the Principal, not less than two weeks prior to the period for which the leave is being requested.

<p><i>Procedures:</i></p> <p>1. Submission of completed form along with all required information, to Principal.</p> <p>2. Principal makes recommendation and forwards form to Managing Authority.</p> <p>3. Managing Authority verifies particulars provided in the application.</p> <p>4. Managing Authority makes decision on leave of 1-10 days OR makes recommendation and forwards application to TSC</p> <p>5. TSC makes decision on leave exceeding 10 days.</p> <p>6. Copies 1 and 2 of form returned to Managing Authority.</p> <p>7. Copy 3 of form forwarded to TSC Secretariat</p> <p>8. Copy 1 of form returned to Principal, who informs the applicant of the decision.</p>	A. APPLICANT'S BIOGRAPHICAL DATA			
	1. NAME			
		Last Name	First Name	Middle Name
	2. SCHOOL			
	3. DISTRICT			
	4. MANAGING AUTHORITY			
	B. PARTICULARS OF EVENT			
	5. Name of course / conference / seminar:			
	6. Teacher nominated by	<input type="checkbox"/> SELF <input type="checkbox"/> OTHER (specify)		
	7. Attach or provide description (Institution/Organisation, objectives, content and duration) of course/seminar/conference.			
	8. Is course/conference/seminar accredited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, by whom OR			
	Is course/conference/seminar approved by the Ministry of Education?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	C. LEAVE HISTORY			
	9. Has Professional Development Leave been granted before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If YES, state period(s)	From:	To:	
	10. Number of days and period for which leave is being requested:	_____ days		
	From	To		
D. INSTRUCTIONAL MATERIALS				
11. I agree to prepare and submit the following:	<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Test(s) <input type="checkbox"/> Home Work <input type="checkbox"/> Worksheets <input type="checkbox"/> Other (specify)			
12. I further agree to use and share the knowledge, skills and materials acquired with the staff and students of this institution.				
Signature of Applicant		D	M	Y

		FOR OFFICE USE						
PRINCIPAL'S RECOMMENDATION								
	Application Received:				By:			
		D	M	Y	Signature			
	Instructional arrangements made by this teacher are	<input type="checkbox"/>	Satisfactory					
		<input type="checkbox"/>	Not satisfactory					
	During the period a replacement teacher	<input type="checkbox"/>	Will not be needed.					
		<input type="checkbox"/>	Will be needed	From:	To:			
	This application for Professional Development Leave is	<input type="checkbox"/>	Supported					
		<input type="checkbox"/>	Not supported					
		Signature			D	M	Y	
MANAGING AUTHORITY								
Verification of Details	Application Received:							
		D	M	Y				
	Description of event provided and is satisfactory	<input type="checkbox"/>	Yes			<input type="checkbox"/>	No	
	Accreditation of event accepted by Ministry of Education	<input type="checkbox"/>	Yes			<input type="checkbox"/>	No	
	Details in C. Leave History are accurate	<input type="checkbox"/>	Yes			<input type="checkbox"/>	No	
	Professional Development	<input type="checkbox"/>	Approved			<input type="checkbox"/>	Not Approved	
	Leave of _____ days							
Comments:								
		Signature			D	M	Y	
TEACHING SERVICE COMMISSION								
Application Received:								
	D	M	Y					
Professional Development	<input type="checkbox"/>	Approved			<input type="checkbox"/>	Not Approved		
Leave of _____ days								
		Signature			D	M	Y	
Leave exceeding 10 days								
Professional Development	<input type="checkbox"/>	Approved			<input type="checkbox"/>	Not Approved		
Leave of _____ days								
		Signature			D	M	Y	